

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER
 18 APR 20 PH 12: 03

Name: Madelene Deon Chindaytime Teleph. - - - - -

U.S. HOUSE OF REPRESENTATIVES

FILER STATUS

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives | State: <u>PA</u> | District: <u>4</u> |
| Candidates – Date of Election: <u>5-15-18</u> | | <input type="checkbox"/> Check If Amendment |
| New Officer or Employee | Staff Filer Type (If Applicable): | |
| Employing Office: _____ | Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> | Period Covered: January 1, <u>2017</u> to <u>4-2018</u> |

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>21</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | H. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Madeline Dean Curran

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| BLOCK A | | | | | | | | | | | |
|--|----|-----|----|---|----|-----|----|---|----|-----|------|
| Assets and/or Income Sources | | | | | | | | | | | |
| BLOCK B | | | | | | | | | | | |
| Type of Asset | | | | | | | | | | | |
| BLOCK C | | | | | | | | | | | |
| Type of Income | | | | | | | | | | | |
| Amount of Income | | | | | | | | | | | |
| <p>Identify (a) each asset held for investment or productive value of asset at close of the reporting period, if you check all columns that apply. For accounts producing income and with a fair market value less than the market value, please indicate the valuation method used.</p> <p>(b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only stock symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k)s), provide the value for each asset held in the account that exceeds the reporting threshold.</p> | | | | | | | | | | | |
| <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$2,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the owner, the nature of its activities, and its geographic location in Block A.</p> <p>Indicates: Your personal residence, including second home and vacation home (unless there was no income during the reporting period); and any financial investment, IR, or income derived from a Retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-held fund that is an Exempted Investment Fund, please check the “<input checked="" type="checkbox"/>” box.</p> <p>You so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT).</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p> | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | K | L |
| None | | | | | | | | | | | |
| \$1-\$1,000 | | | | | | | | | | | |
| \$1,001-\$15,000 | | | | | | | | | | | |
| \$15,001-\$50,000 | | | | | | | | | | | |
| \$50,001-\$100,000 | | | | | | | | | | | |
| \$100,001-\$250,000 | | | | | | | | | | | |
| \$250,001-\$500,000 | | | | | | | | | | | |
| \$500,001-\$1,000,000 | | | | | | | | | | | |
| \$1,000,001-\$5,000,000 | | | | | | | | | | | |
| \$5,000,001-\$25,000,000 | | | | | | | | | | | |
| \$25,000,001-\$50,000,000 | | | | | | | | | | | |
| Over \$50,000,000 | | | | | | | | | | | |
| Spouse/DC Assets over \$1,000,000* | | | | | | | | | | | |
| | | | | | | | | | | | |
| <p>NONE</p> <p>DIVIDENDS</p> <p>RENT</p> <p>INTEREST</p> <p>CAPITAL GAINS</p> <p>EXCEPTED/BLIND TRUST</p> <p>TAX-DEFERRED</p> <p>Other Type of Income (Specify; e.g., Partnership Income or Farm Income)</p> | | | | | | | | | | | |
| I | II | III | IV | V | VI | VII | IX | X | XI | XII | XIII |
| None | | | | | | | | | | | |
| \$1-\$200 | | | | | | | | | | | |
| \$201-\$1,000 | | | | | | | | | | | |
| \$1,001-\$2,000 | | | | | | | | | | | |
| \$2,001-\$5,000 | | | | | | | | | | | |
| \$5,001-\$15,000 | | | | | | | | | | | |
| \$15,001-\$50,000 | | | | | | | | | | | |
| \$50,001-\$100,000 | | | | | | | | | | | |
| \$100,001-\$1,000,000 | | | | | | | | | | | |
| \$1,000,001-\$5,000,000 | | | | | | | | | | | |
| Over \$5,000,000 | | | | | | | | | | | |
| Spouse/DC Income over \$1,000,000* | | | | | | | | | | | |
| | | | | | | | | | | | |
| <p>None</p> <p>\$1-\$200</p> <p>\$201-\$1,000</p> <p>\$1,001-\$2,000</p> <p>\$2,001-\$5,000</p> <p>\$5,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>Over \$5,000,000</p> <p>Spouse/DC Income over \$1,000,000*</p> | | | | | | | | | | | |
| I | II | III | IV | V | VI | VII | IX | X | XI | XII | XIII |
| | | | | | | | | | | | |
| <p>For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Investments, Interest, and Dividends, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.</p> <p>Column XI is for assets held by your spouse or dependent child in which you have no interest.</p> | | | | | | | | | | | |
| | | | | | | | | | | | |
| <p>For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Investments, Interest, and Dividends, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.</p> <p>Column XII is for assets held by your spouse or dependent child in which you have no interest.</p> | | | | | | | | | | | |
| | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Madeline Dean (Ames)

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Madeleine Dean Cimino

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| ASSET NAME | BLOCK A Assets and/or Income Sources | BLOCK B Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | Current Year | | | | | | | | | | | | Proceeding Year | | | | | | | | | | | | | |
|---------------------------|---|---------------------------|---------------------------|-----------------------------|--------------|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| TIAA - Annuity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISELS - Mid Cap | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISELS - Retirement | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSSEs - International | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSSEs - US Large Index | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSSEs - Bonds | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSSEs - Stable Value Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSSEs - Short term mmm | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S Equity ASE, Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S Equity - 3.5% shares | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S Equity - 20% shares | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standard Pacific | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Madeline Dean Cimino

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Let the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

Use the following types and amounts of earned income from any source (other than the listed current employment by the U.S. government) totaling \$200 or more and their spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employee compensated at or above the "Senior staff" rate was \$27,986. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Current Year to Filing | | Amount Proceeding Year |
|--|-----------------------------------|------------------------|---------|---------------------------|
| | | Honoraria | Other | |
| ABA (Total Association Expenses) MD (May 15) | Honoraria | \$0 | \$0 | \$0.00 |
| State of Maryland Office of the Governor (SOG) Globe Fund Board of Education | Spouse Salary | \$20,000 | \$0 | \$16,800 |
| | Spouse Health | \$0 | \$0 | \$1,000 |
| | Spouse Other | NA | NA | NA |
| PA House of Representatives | Salary | 28,556 | 85,672 | |
| Advanced Sports | Spouse-Salary | 121,153 | 415,385 | |
| Advanced Sports | Employer paid Spouse insurance | 11,866 | 35,598 | |
| EKA Distribution - Merrill Lynch | Spouse-EKA Distribution | 50,000 | | |

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Madeleine Deen Cimino Page 6 of 7

Report Liabilities of over \$10,000 owned by any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

| Report Liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. | | | | | | | | | | |
|---|------------------------------|-------------------|--|-------------------|---|---|---|---|---|---|
| SP/JT Creditor | Date Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | |
| | | | A | B | C | D | E | F | G | H |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | \$10,001-\$15,000 | | | | | | |
| TINA - LOAN Refund & Rent | 3/18 | Loan | \$15,001-\$50,000 | | | | | | | |
| S WELLS FARGO | 3/18 | LOAN | \$50,001-\$100,000 | | | | | | | |
| | | | \$100,001-\$250,000 | X | | | | | | |
| | | | \$250,001-\$500,000 | | | | | | | |
| | | | \$500,001-\$1,000,000 | | | | | | | |
| | | | \$1,000,001-\$6,000,000 | | | | | | | |
| | | | \$5,000,001-\$25,000,000 | | | | | | | |
| | | | \$25,000,001-\$60,000,000 | | | | | | | |
| | | | Over \$60,000,000 | | | | | | | |
| | | | Over \$1,000,000* (Spouse/DC Liability) | | | | | | | K |

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Madeline DeGennaro Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|---------|--|--|
| present | Patrick Cunnane and Advanced Sports, Inc. | current employment contract through August 15, 2021 |

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise. If you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---------------------------------------|-----------------------------|
| Example: | Accounting Services |
| Doe Jones & Smith, Hometown, Hometown | |

Use additional sheets if more space is required.